

## Total Hip Arthroplasty (Posterior Approach)

Dr. Erickson

Time Frame	Treatment	Goals
Post-Op Day	<ul style="list-style-type: none"> <li>• Instruction in signs and symptoms of infection</li> <li>• Instruction in cryotherapy</li> <li>• Precautions: No hip flexion beyond 90 degrees, no combined hip flexion and internal rotation, no forced adduction.</li> <li>• Instruction in HEP including quad sets, glute sets, hamstring sets, hook-lying passive hip flexion (avoid going beyond 90 degrees of flexion), supine active hip ABD, and standing hip ABD.</li> </ul>	<ul style="list-style-type: none"> <li>• Independent in HEP</li> <li>• Independent in cryotherapy</li> <li>• Independent with use of AD</li> </ul>
Phase I (1-4 weeks)	<ul style="list-style-type: none"> <li>• Frequency: NO in clinic PT, HEP from post-op day only</li> <li>• Dressing changes as specified by therapist and MD, expect the bandage to be removed 14 days post operation.</li> <li>• Promote edema control and cryotherapy</li> <li>• Slow progression of activity at home</li> </ul>	<ul style="list-style-type: none"> <li>• Progression of functional activities as tolerated</li> <li>• Progression on assistive devices depending on quad function and non-antalgic gait. <ul style="list-style-type: none"> <li>○ Walker to SEC to no AD</li> </ul> </li> </ul>
Phase II (4-8 weeks)	<ul style="list-style-type: none"> <li>• Frequency: PRN – based on MD recommendations after 4-week follow up</li> <li>• Scar tissue mobilization at 4 weeks post-op depending on healing rate of incision</li> </ul>	<ul style="list-style-type: none"> <li>• Non-antalgic gait ascending/descending stairs</li> <li>• No assistive device</li> <li>• Independent in ROM and functional LE strengthening exercises</li> </ul>